## **2003 FOR PROFIT CORPORATION**

## Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # F25192 1. Entity Name 03-03-2003 90459 029 \*\*\*150.00 J.O.A.T., INC. Principal Place of Business Mailing Address 98-A INDUSTRIAL LOOP 3346 BYRON ROAD ORANGE PARK FL 32073 GREENCOVE SPRINGS FL 32043-6404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2076584 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORDEN, BENJAMIN F. III Street Address (P.O. Box Number is Not Acceptable) 3346 BYRON ROAD **GREENCOVE SPRINGS FL 32043** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Ager May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME BORDEN, BENJAMIN F III NAME STREET ADDRESS 3346 BYRON ROAD STREET ADDRESS CITY-ST-ZIP GREENCOVE SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CORBETT, JUDITH A NAME STREET ADDRESS 3346 BYRON RD STREET ADDRESS CITY-ST-ZIP GREENCOVE SPRINGS FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

FILED